



The Commonwealth of Massachusetts
State Board of Retirement

One Ashburton Place, Boston, MA 02108-1607

Shannon P. O'Brien
Treasurer and Receiver General
Chairman

ROOM 1219
(617) 367-7770
1-800-392-6014

State Board of Retirement
TRANSFER NOTICE

(To be filled out by payroll/personnel department at member's last state job)

This is to notify that Print Full Name ELIZABETH O'BRIEN was
employed by State Agency/Dept. Dept of Public Health. A64 0294
The member's start date was 3-11-90 and his/her
membership date was 3-11-90.
The member's social security number is [REDACTED].

The last two MONTHLY retirement deductions were:

Month/Year 11/00 Amount (\$) [REDACTED]
Month/Year 10/00 Amount (\$) [REDACTED]

The member's last day on payroll was 10-26-00.

If employee was less than full time list dates/ratio of time below:

<u>2-6-94 to 1-21-95 18.75 HRS OR 50% of</u>	<u>8-15-00 to 10-27-00 22.5 HRS</u>
<u>1-22-95 to 8-14-00 28.50 HRS OR 76%</u>	<u>60%</u>

List dates of all leaves of absence below:

<u>2-29-96 to 4-24-96</u>	<u>2-6-94 to 12-18-94</u>
<u>10-23-94 to 1-16-95</u>	

IMPORTANT:** Is Workman's Compensation being paid/pending on this employee?

(YES/NO) _____ If member was on Workman's Compensation, was there a lump sum
settlement? (YES/NO) _____

Authorized Signature [Signature]

Date 4-26-01

For Retirement Board purposes only

Member is transferring to :